CARES COMMISSION POST HEARING SUMMARY

VISN 15 Leavenworth Hearing August 18, 2003

- I. Commissioners in Attendance:
 - a. Raymond Boland, Hearing Chairman
 - b. Chad Colley
 - c. Michael Wyrick, Maj. Gen., USAF Ret.
 - d. Al Zamberlan
- II. Market Areas Addressed in Hearing
 - a. Central
 - b. Western

III. Market Area Summary

Market Area	Planning Initiative	Market Plan Recommendation	DNCP Recommendation
(Facility)	(met criteria)		
Central Market	Proximity 60 Mile Acute Care Proximity	Maintain all clinical programs and services at both sites	Maintain all clinical programs and services at both sites. Some consolidation of services
	Kansas City & Leavenworth		between Topeka and Leavenworth – realignments of nursing home care, psychiatry and outpatient surgery
Central and Western	Outpatient Care	New construction, renovation of existing space and increased	New construction (405,400 sq. ft), vacant space
Markets	- Specialty Care	reliance on contract care	conversion (63,400 sq ft), lease space (20,000 sq ft), and community contracts. Some shifting of care between facilities
Central and Western	Outpatient Care	New construction, renovation of existing space, increase	New construction (18,000 sq ft), conversion of vacant
Markets	- Primary Care	utilization of VA CBOCs, and add CBOC in Jefferson City, MO. Increased reliance on contract care	space (44,500 sq ft), lease space (182,900 sq ft), community contracts. CBOC not in high implementation category
Central Market	Infrastructure	Renovation to address infrastructure issues	Infrastructure needs to exceed \$20 million
Central Market	Inpatient Care (Psychiatry) - Did not meet PI criteria	Due to decreases in demand, network plans to reallocate workload from Western Market to Central Market and accept workload from DoD installations	Shifting of workload from Western to Central market. New construction (66,800 sq ft) to meet projected needs.
Western Market	Access to primary care (56%)	New CBOC	Not in high implementation category
Western Market	Access to Hospital Care (60%)	Not Addressed	Not Addressed
Central Market	Enhanced Use	Re-purpose 37 historic buildings in Leavenworth – expand Leavenworth National Cemetery on some of land	Re-purpose 39 historic buildings and expand cemetery
Central	Collaboration	Joint planning of replacement	Discussing concepts for joint

Market	- DoD	hospital at Scott AFB. Planning for joint CBOC with Whiteman AFB at the Warrensburg State	planning on a replacement hospital at Scott AFB. Sharing CBOC space at
		Veterans Home	Warrensburg State Home
			with Whiteman AFB.

IV. Brief Description of Hearing Testimony

a. Network Leadership: Peter Almenoff, MD, Acting Director, VISN 15

Dr. Almenoff outlined the CARES plan for VISN 15. He noted that this market serves large rural areas that are medically underserved. The most notable change forecasted for this market is the marked increase in outpatient care that will be met in a variety of ways, including the expansion of the Network's robust telemedicine program. Several of the facilities in this market are aging and are in considerable need of infrastructure improvements and one of the most significant components of the plan includes the ambitious enhanced use project for 37 historical buildings on the Leavenworth campus.

In the question and answer session, Dr. Almenoff responded that he felt the CARES plan for VISN 15 met the needs of the network. Dr. Almenoff also discussed the infrastructure issues facing the Columbia and Kansas City locations and the investment needed in this area.

When asked if he felt that anything was omitted from the process, Dr. Almenoff listed transportation issues and other needs related to an increase in demand such as parking, and assets associated with equipment needs, specifically for the network's growing telemedicine program.

When asked about access issues and waiting times, Dr. Almenoff cited the network's strong performance in this area and the possibility of adding hours as workload increases in existing outpatient clinics. He also discussed alternatives to developing new CBOCs, since this network did not have proposals that were included in the DNP's high priority category. This includes expanding services at existing cites and enhancing the telemedicine program.

Dr. Almenoff also described the enhanced use project at the Leavenworth Kansas, including the grant from the historical society to transform historic buildings on this campus to public use. He also described the collaborative project with the NCA to provide land on the Leavenworth campus to expand the veteran cemetery.

Dr. Almenoff discussed the proximity issue between Kansas City and Leavenworth, and outlined the distinct missions of each facility. He also noted that each facility operates at capacity, and eliminating one facility would have a significant impact on the network's ability to deliver care in this market. Additionally, he described the services the Leavenworth facility provides to the DoD at Ft. Leavenworth, including 24-hour emergency care and inpatient psychiatry services.

b. Panel 2 – Elected Officials

Dennis Moore, United States House of Representatives

Brian Grittmann, Mayor Pro-Tem, City of Leavenworth

Congressman Moore expressed support for the CARES plan in VISN 15, particularly the retention of the Leavenworth facility. He announced his proposed legislation (HR 2808) for Congress to provide oversight to the CARES process. He also expressed concerns about wait times and the availability of healthcare for veterans.

The Mayor of Leavenworth discussed the important cooperation between the DoD and VA at Leavenworth and the importance of the Leavenworth medical center as a major employer in the city. The mayor also expressed support for the enhanced use lease initiative at the campus and encouraged a stronger partnership with the city to ensure quality and availability of healthcare for veterans.

c. Panel 3 – Veteran Service Organizations/Collaboration

Joe Frank, The American Legion Ron Adams, Vietnam Veterans of America Col. Julie Martin, Irwin Army Community Hospital Jack E. Walker, Executive assistant to the Garrison Commander, Ft. Leavenworth

The American Legion stressed the importance of the Leavenworth and Kansas City sites remaining intact. Mr. Frank expressed concern about access to care, the availability of quality staff, particularly specialty providers in this network. Additionally, he noted that the American Legion feels strongly that veterans should be treated within the VA system whenever possible. Mr. Frank also expressed support for the enhanced use lease project at Leavenworth, but noted that the enhanced use process needed to be streamlined to achieve results in a timely manner.

Col Martin from the Irwin Army Community hospital outlined the success in DoD/VA sharing between the Topeka facility and Irwin Army Community Hospital. For this site, Topeka serves as the primary source of inpatient psychiatry and provides other services to the Army base.

The Vietnam Veterans of America expressed concerns about the CARES plan for VISN 15, specifically relating to realignment of SCI program as well as staffing and training issues.

Jack Walker from Ft. Leavenworth expressed his support of the ongoing sharing agreement with the Leavenworth facility and described the reliance of Ft. Leavenworth on the VA for psychiatric care and for after hours emergency care.

d. Panel 4 – Other

Sandy Bond, NFFE Local 1765

James Tellefeson, Leavenworth Preservation Alliance

Jeff Barnes, Cemetery Director, Leavenworth, Ft. Leavenworth, Ft. Scott

The Leavenworth Preservation Society expressed satisfaction with the enhanced use project at the Leavenworth campus and how this project could serve as a template for future VA initiatives. The Cemetery Director echoed this enthusiasm.

The union expressed satisfaction with the CARES process and with the strong communication of network with the union.

V. Commissioner Views

Market Area (Facility)	Planning Initiative (met criteria)	DNCP Recommendation	Commissioner Views
Central Market	60 Mile Acute Care Proximity Kansas City & Leavenworth	Maintain both facilities. Some consolidation of services between Topeka and Leavenworth — realignments of nursing home care, psychiatry and outpatient surgery	Commissioners agreed that there was little duplication of services between Kansas City and Leavenworth and that it is appropriate to maintain both facilities. Commissioners also agreed with consolidation of certain services (as outlined in DNCP) between Topeka and Leavenworth.
Central and Western Markets	Outpatient Care Primary Care Specialty Care	New construction, conversion of vacant space, lease space, community contracts. CBOC not in high implementation category. Some shifting of care between facilities	Commissioners agreed with this multifaceted approach to improving access to outpatient care. Since CBOCs are not in high priority category, the VISN needs to make more efficient use of existing resources and vacant space, continue to expand telemedicine and find creative solution to expanding outpatient care (e.g., expanded hours)
Central Market	Infrastructure	Infrastructure needs to exceed \$20 million	Commissioners agreed that several facilities in this market required infrastructure improvements.
Central Market	Inpatient Care (Psychiatry) - Did not meet Pl criteria	Shifting of workload from Western to Central market. New construction (66,800 sq ft) to meet projected needs.	Commissioners generally agreed with this shifting of workload, but did not have a clear idea of timeline.
Central Market	Enhanced Use	Re-purpose 39 historic buildings and expand cemetery	Commissioners agreed with the enhanced use of this campus, and felt that this was an ambitious and worthwhile project. They expressed some concern over potential roadblocks to success and felt that this needed careful planning and study.
Central Market	Collaboration - DoD	Discussing concepts for joint planning on a replacement hospital at Scott AFB. Sharing CBOC space at Warrensburg State Home with Whiteman AFB.	Commissioners agreed with pursuing all possible sharing agreements with the DoD.

VI. Other Comments

• Commissioners expressed concern over the absence of timelines for projects outlined in the DNCP and felt it was difficult to make specific recommendations without these timeframes.

VII. Follow-up questions for VHA/VISN

N/A